ELKHART COUNTY SHERIFF'S OFFICE REQUEST FOR ADULT CRIMINAL HISTORY

Please type or print all information

1. Requesting agency o	r individual:				
Name:			Phone:		
Street address:					
City:		St	ate:	Zip:	
Email:					
2. Subject of the reques	t:				
Name:					
Street address:					
City:		St	ate:	Zip:	
Date of birth:	Sex:	Race:	SS	N:	
 3. Please check the app A. Has applied for enindividual; B. Has applied for a liprovided; C. Is a public official of the process of	nployment with icense and crir or a candidate of being appreh the alleged con er rights have b idicial decision ea bargaining, ervices involvin hed or monitor ation designate is an out-of-hor pervices at a pu (as defined in over a student ed for welfare f	a non-crimina minal data is re- for public offic lended by a lar mmission of a been abused r or determinati sentencing or ng contact with red by a social ed by the Depa me placement ublic school (as IC 20-18-2-12 enrolled in the	al justice equired b e; w enforce crime; repeated ion with r probatio h, care of services artment o ; s defined) involvin e school;	organization or by law to be ement agency; ly by criminal just respect to the n; f, or supervision of Child Services in IC 20-18-2-1 g contact with, o	over a ency; s or 5) or care

- _ M. Is or was required to register as a sex and violent offender under IC 11-8-8; or
- ____N. Has been convicted under any of the following:
 - Rape (IC 35-42-4-1), if the victim is younger than 18 years of age;
 - Criminal deviate conduct (IC 35-42-4-2), if the victim is less than 18 years of age;
 - Child molest (IC 35-42-4-3);
 - Child exploitation (IC 35-42-4-4b);
 - Possession of child pornography (IC 35-42-4-4c);
 - Vicarious sexual gratification (IC 35-42-4-5);
 - Child solicitation (IC 35-42-4-6);
 - Child seduction (IC 35-42-4-7);
 - Sexual misconduct with a minor as a felony (IC 35-42-4-9); or
 - Incest (IC 35-46-1-3), if the victim is younger than 18 years of age.

4. An organization making a request under IC 10-13-3-36 must include proof of its not-forprofit status. A copy of the "Certificate of Good Standing," issued by the Secretary of State's office, will suffice. **Please check the appropriate line if requesting the report at no charge under the provisions set forth in IC 10-13-3-36:**

Yes _____ No _____

Please provide all the information requested by this agency and required under state law to expedite the response and return of information. If the answer to Item No. 4 was "no," a check for \$3 (made payable to the Elkhart County Sheriff's Office) is required for processing. **Please mail this form and payment to:**

Elkhart County Sheriff's Office Records Division 26861 C.R. 26 Elkhart, IN 46517

WARNING: PENALTY FOR MISUSE OF INFORMATION

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. Under IC 10-13-3-27, any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under the penalty of perjury, the limited criminal history information requested will be used as specified.

Printed name of re	quester:	
Signature of reque	ster:	
Date:		Form updated 7/10
No record on file	OFFICE USE ONLY	Record released
Fee:	Employee:	Date: